



LICENSED DAY CARE/GROUP DAY CARE HOME

INSTRUCTIONS: Record each child's name (including the provider's own children under eleven years of age), date of birth and the days in care. **Draw a line from the time the child arrives to the time the child leaves.** All information must be complete.

Name of Facility exactly as it appears on the license	License Number	County
Street Address		
City		Zip Code

Name of Child Including First and Last Name	Date of Birth	Day(s) of Week	6:00 AM	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	12:00 Noon	12:30	1:00	1:30	2:00	2:30	3:00	3:30	4:00	4:30	5:00	5:30	6:00	6:30	7:00	7:30	8:00	8:30	9:00	9:30	10:00	10:30	11:00	11:30	MIDNIGHT	
Example 7:30 AM Jane Doe 4:30 PM	2/08/76	MTWThF				<	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	>																

The attest that the above information is true and correct.

Provider's Signature	Date
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